

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Marco Rubio for President**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LAVADA A. HAYWORTH**  
Mailing Address 408 TRENWICK LANE

City State Zip Code  
VENICE FL 34293-4436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

**Transaction ID : SA17.769297**

Date of Receipt

M M / D D / Y Y Y Y  
06 24 2015

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARGARET G. HEAD**  
Mailing Address 111 SUNSET CT

City State Zip Code  
CARROLLTON GA 30117-4165

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.768398**

Date of Receipt

M M / D D / Y Y Y Y  
06 25 2015

## CONTRIBUTION

Amount of Each Receipt this Period

275.00

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD HEALING**  
Mailing Address 35911 TARPON DRIVE

City State Zip Code  
LEWES DE 19958-5057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SAFETY EXPERT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.762957**

Date of Receipt

M M / D D / Y Y Y Y  
06 15 2015

## CONTRIBUTION

Amount of Each Receipt this Period

100.00

**Subtotal Of Receipts This Page** (optional).....

400.00

**Total This Period** (last page this line number only) .....